

Name
in
Full

Mr Bartlett
Name, still born.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Francis A. Bartlett	(S)	Father's Birthplace	Green Anne C.	
Mother's Maiden Name	Emma Isoper Eaton		Mother's Birthplace	Green Anne C.	
Name of person giving information	Hattie		How related to deceased	son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

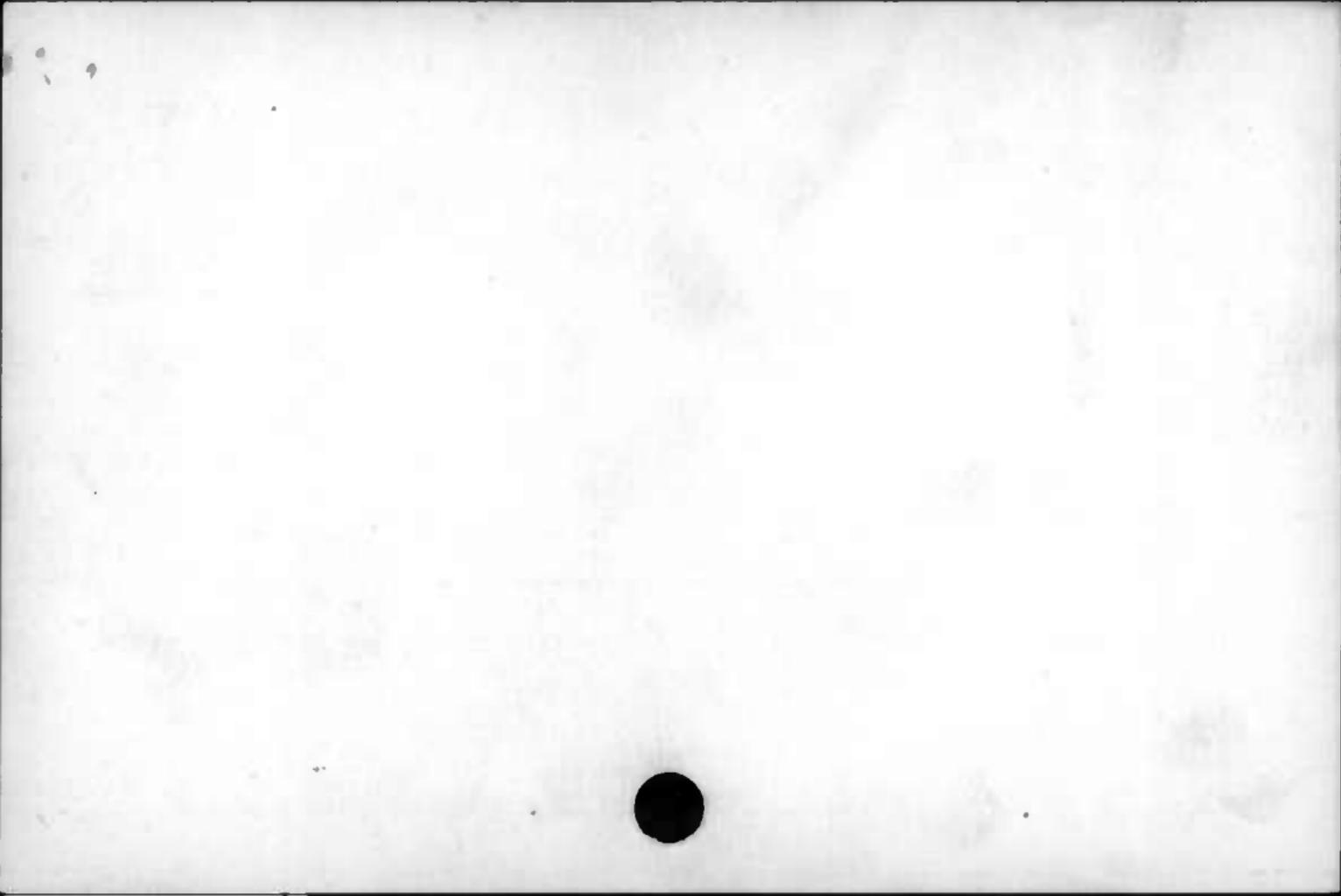
Address

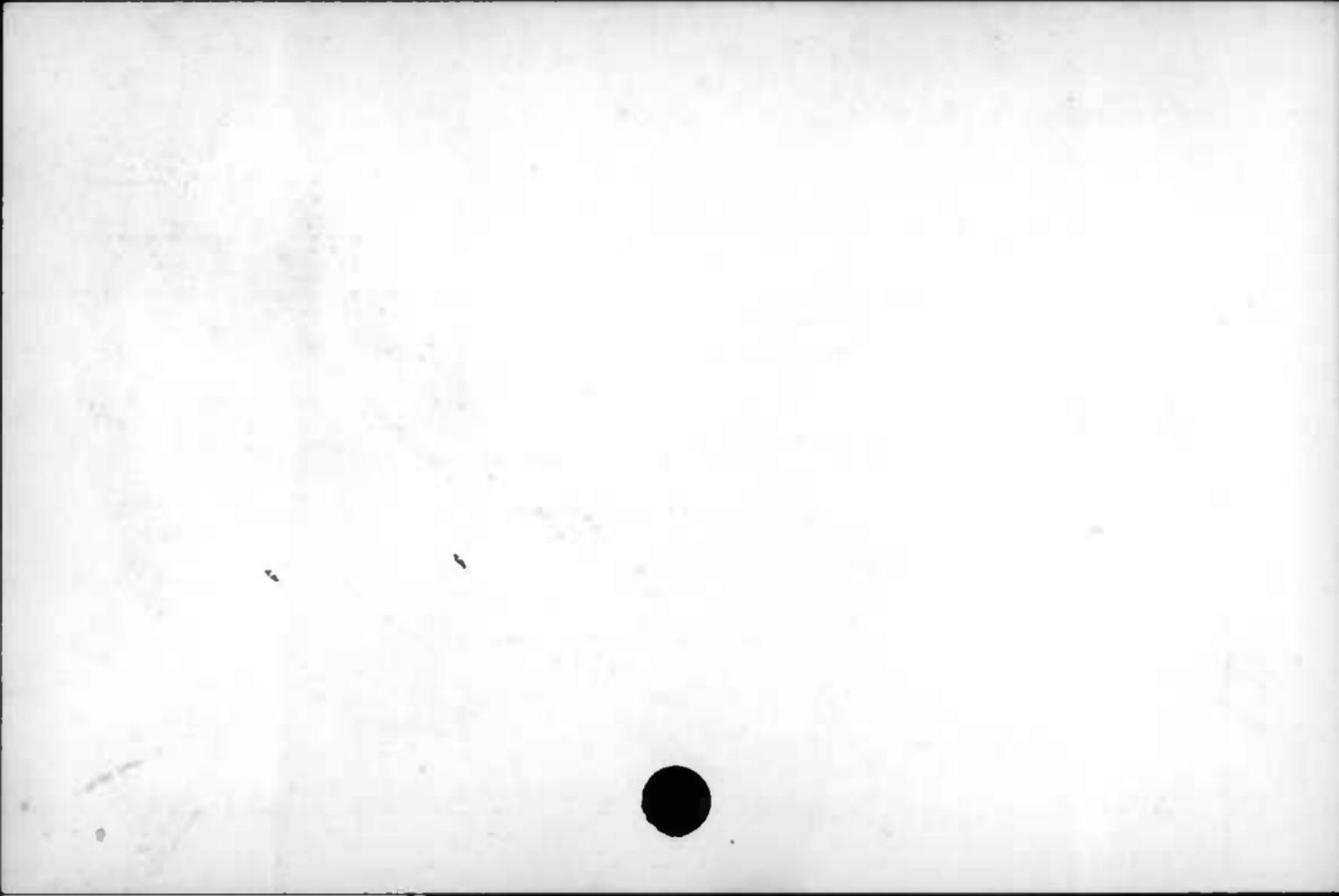
Howard R. Hopkins.

Greenstein

M.D.

Accident or Suicide?





Name
in
Full

Mabel Frances Bishop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Queen Anne	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	26	6	-
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Earl R. Bishop			
Father's Name	Ludlow Gafford				
Mother's Maiden Name	Carrie Phifer				
Name of person giving information	Earl R. Bishop				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

2 1/2 yrs

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

yes

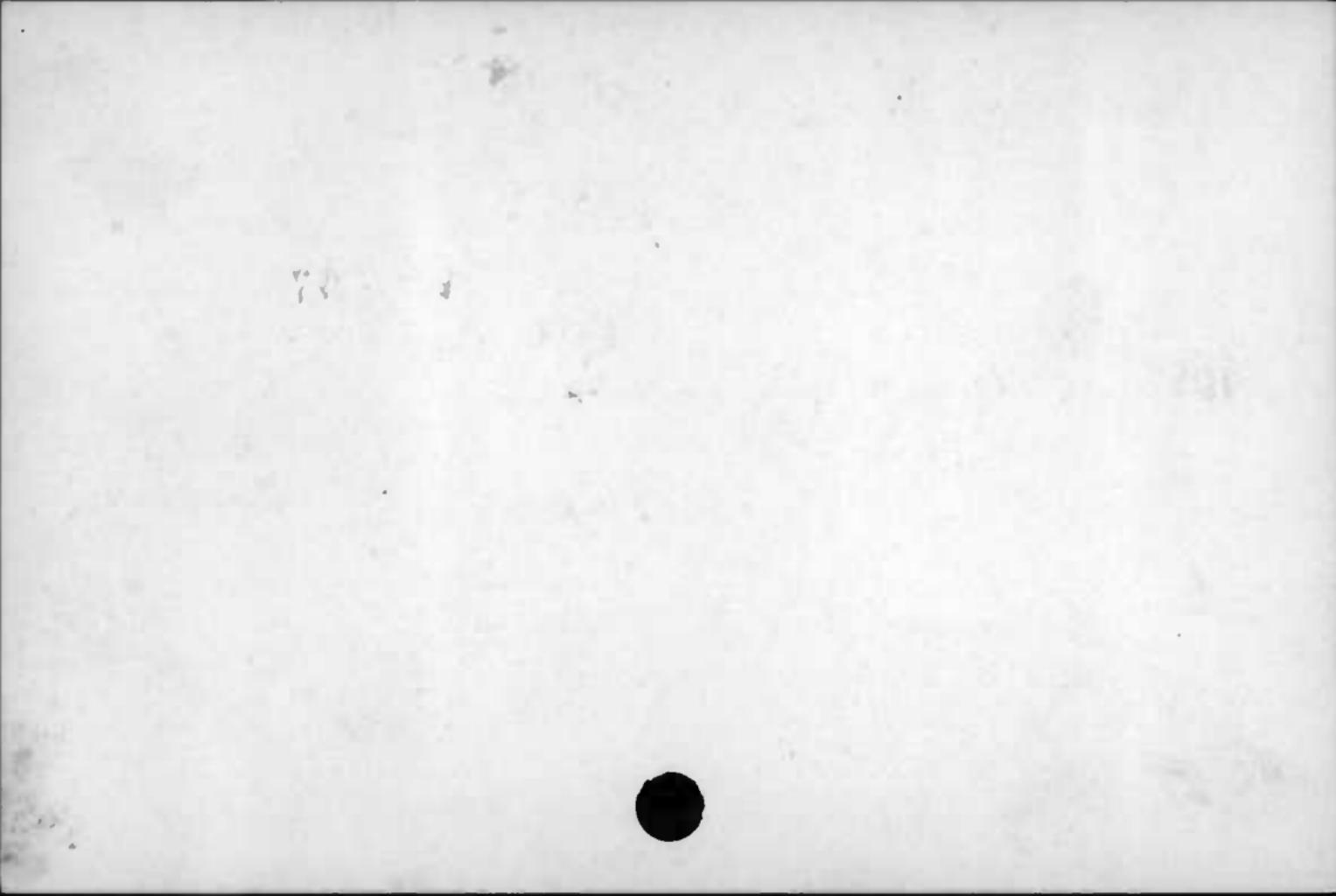
Signature of Physician

Address

Franklin
Bullock
Queen Anne

Accident or Suicide?

no



Name
in
Full

Bertha Boston

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wassuckerville</u>		Town	County	MARYLAND		
Date of death <u>1907</u>	Month <u>8</u>	Day <u>13</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>60 days</u>
Sex <u>Female</u>	Color or Race <u>White -</u>	Birth-place <u>Ind</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Seymour Boston</u>	Father's Birthplace <u>Delaware</u>					
Mother's Maiden Name <u>Sally Lee</u>	Mother's Birthplace <u>Md</u>					
Name of person giving Information <u>Father, S.R. Boston</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

179

How long

Primary

Summer trouble, probably

Few days

Immediate

Welded, see baby

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Boston Sudell

Sudellville

Accident or Suicide?

Md

Buseker Church

Name
in
Full

Lillian Boswell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1909	Month Aug	Day 16	Years 25	Months	Days
Sex	Female	Color or Race	white	Birth-place Baltimore, Md		
Occupation	Housework		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Wm. Boswell		Father's Birthplace	Baltimore		
Mother's Maiden Name	Catherine Fisher		Mother's Birthplace	Baltimore		
Name of person giving information	Catherine McNeal		How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gyphoid Fever	①	How long	3 weeks
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	West Henry
			Address	Stevensville, Md
Accident or Suicide?				

47
45-8
16) 4
7

Name
in
Full

Edath Bowser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Aug	Day 2	Years	Months	Days
Sex	Female	Color or Race	Colored		Birth-place	
Occupation				Where Residing if not at place of death	Centreville R.R. 201. 1/2	
Married, Single or Widowed	Single		Name of Wife or Husband		Talbot Co. Md.	
Father's Name	Henry Bowser				Mother's Birthplace	
Mother's Maiden Name	Caroline Carter				Queen Anne Co. Md.	
Name of person giving Information	Henry Bowser				How related to deceased	

CAUSES OF DEATH

105

How long

How long

2 weeks

PHYSICIAN
OR CORONER

Primary

Diarrhea

Immediate

Are the name, age, sex, color, date and place correctly given above?

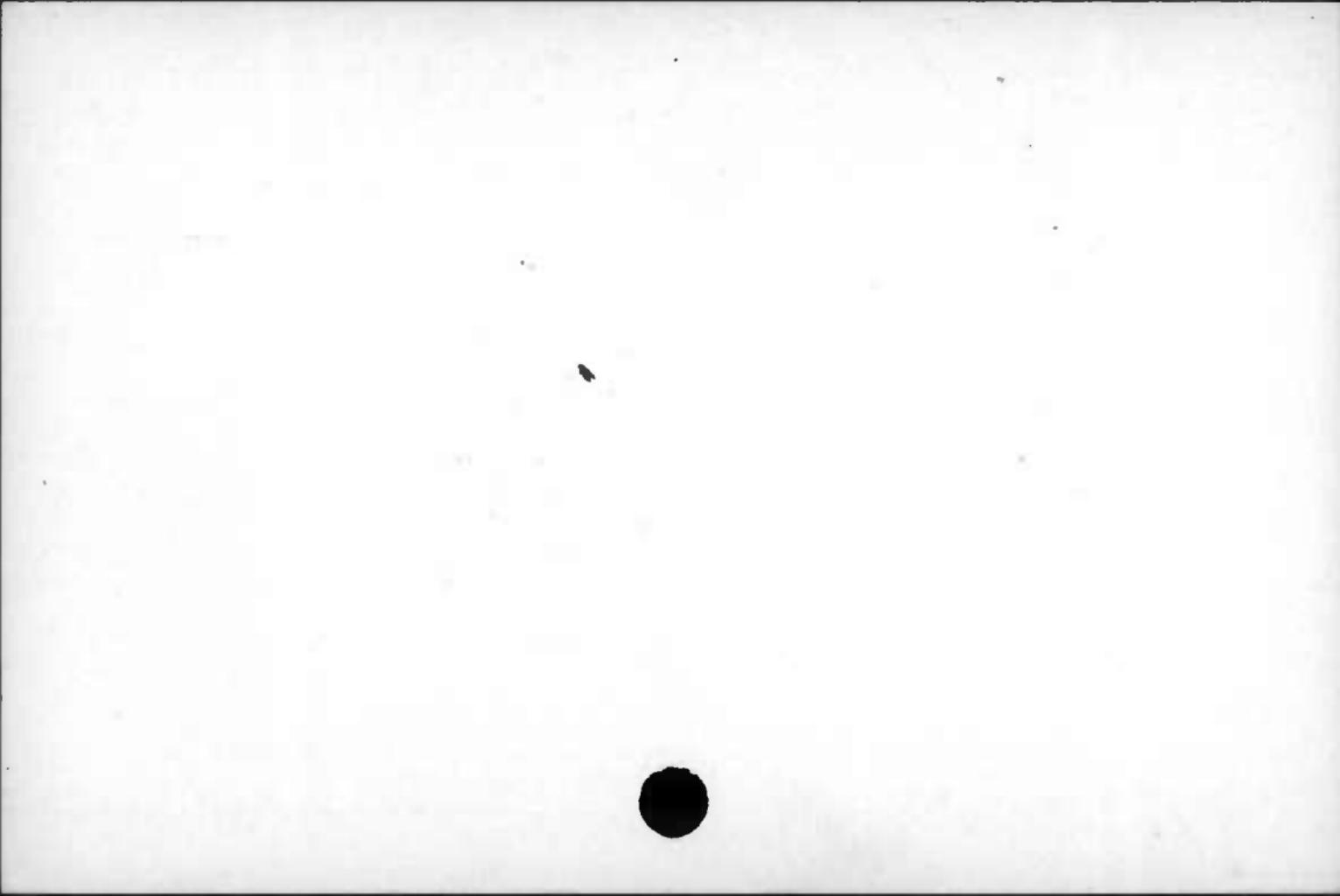
yes

Signature of Physician

Address

Walter H. Farby
Centreville, Md.

Accident or Suicide?



Name
in
Full

John C. Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at near Town		County		MARYLAND	
Date of death 190	Month Aug.	Day 18	Years 8	Months 2	Days
Sex Male	Color or Race Black	Birth-place Queen Anne Co Queen Anne Co			
Occupation None	Where Residing if not at place of death Queen Anne Co Queen Anne Co				
Married Single or Widowed	Name of Wife or Husband	Father's Birthplace Queen Anne Co Queen Anne Co			
Father's Name John C. Carter	Mother's Maiden Name Bettie Brooks	Mother's Birthplace Queen Anne Co Queen Anne Co			
Name of person giving Information John Broadway	How related to deceased None				
CAUSES OF DEATH					
Primary Tuberculosis	27		How long		
Immediate			How long		

Are the name, age, sex, color, date
and place correctly given above?

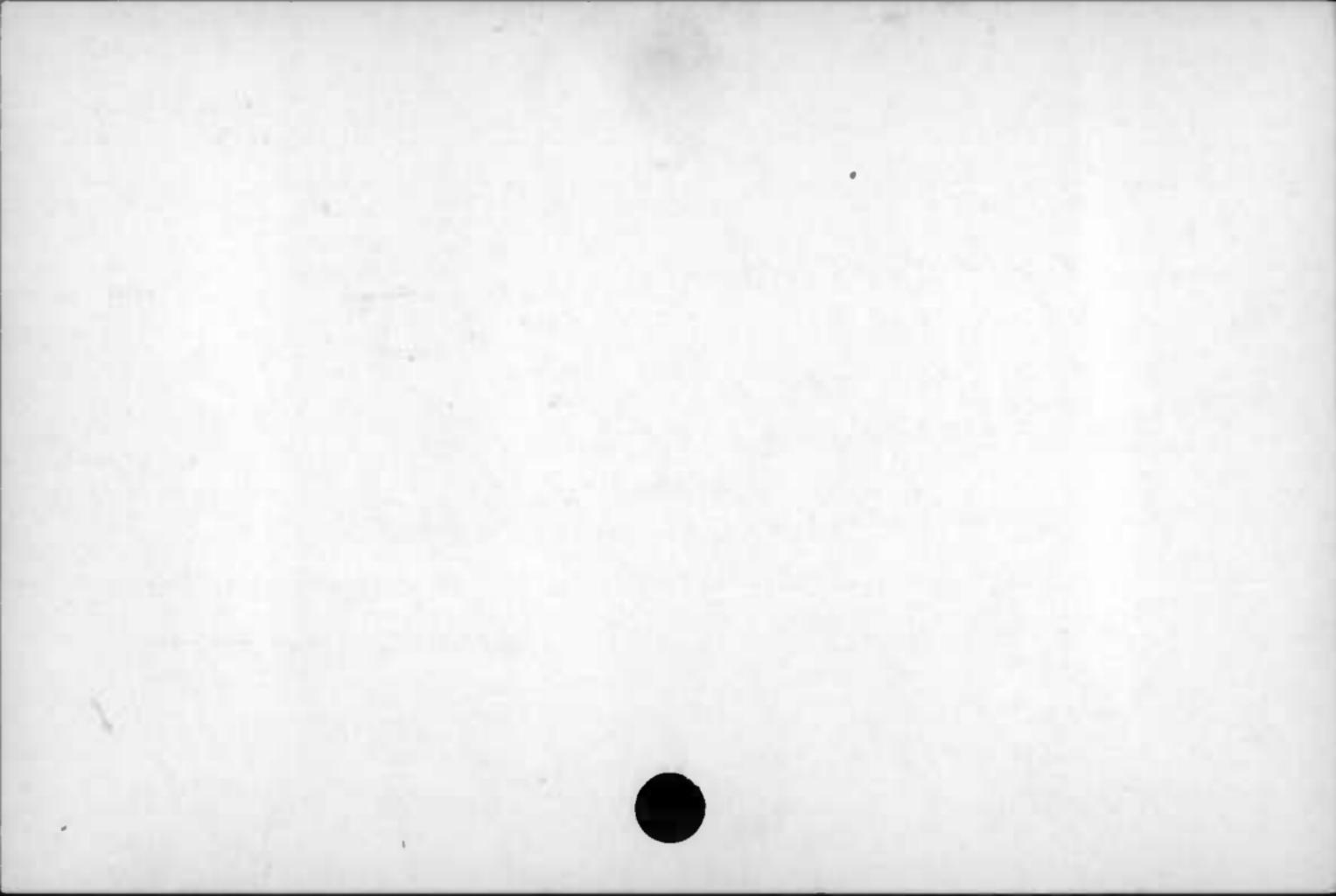
Signature of
Physician
J. M. Monroe

No Physician

Address

212 High St

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

(1)

G. Frank Bawcull

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	1907	Month 8	Day 30	Years 25	Months	Days
Sex	Male	Color or Race	White	Birth-place	F. A. 160	
Occupation	Telephone Conductor		Where Residing if not at place of death	Place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Raft Bawcull		Father's Birthplace	2. a. 160		
Mother's Maiden Name	Maytha Sparks		Mother's Birthplace	2. a. 160		
Name of person giving information	Raft Bawcull		How related to deceased	Father		

CAUSES OF DEATH

93

How long

3 days

How long

1 hour

Primary

Pneumonia

Immediate

Organic Heart

Are the name, age, sex, color, date and place correctly given above?

420

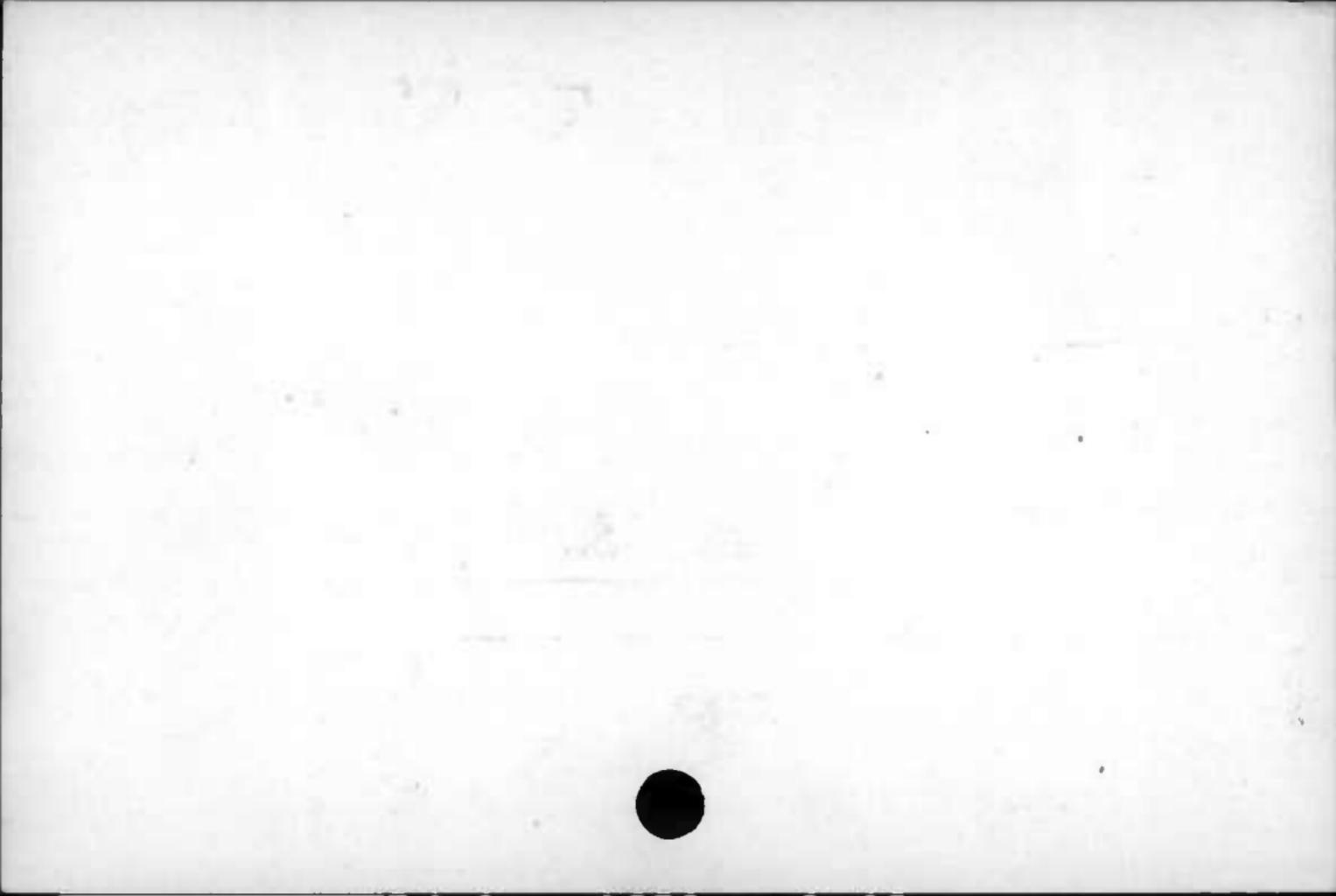
Signature of Physician

Address

A. F. Frank Bawcull
Buckville
Md

Accident or Suicide?

nd

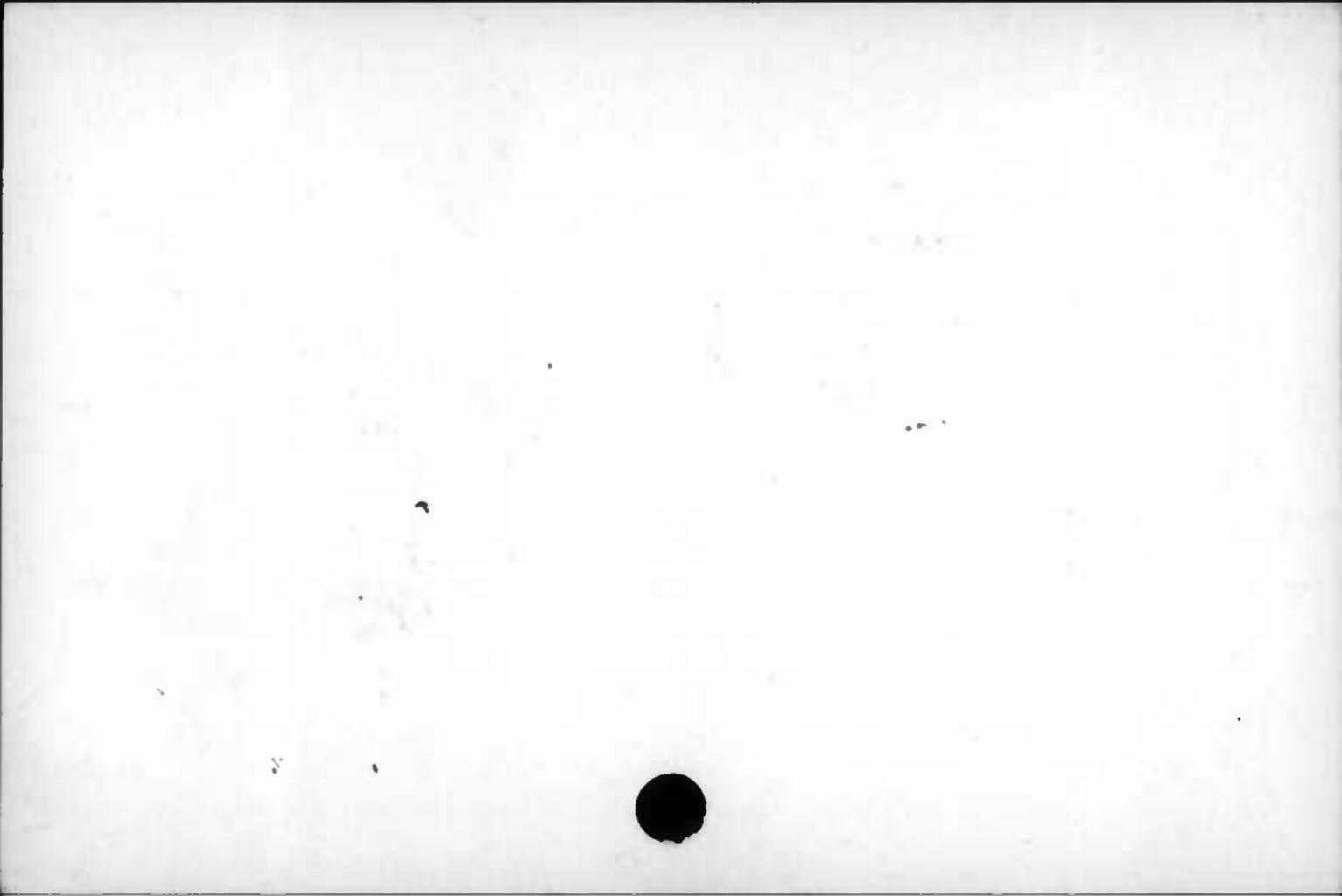


William James Embert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Queenstown</u>		Town <u>Queenstown</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug.</u>	Day <u>12</u>	Age <u>72</u>	Years	Months
Sex <u>male</u>	Color or Race <u>White</u>			Birth-place <u>Queen Anne Co., Md.</u>	Days
Occupation <u>Farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Annie Amelia Smith</u>				
Father's Name <u>Wm Embert</u>	Father's Birthplace <u>Queen Anne Co., Md.</u>				
Mother's Maiden Name <u>Annie Bryan</u>	Mother's Birthplace <u>Queen Anne Co., Md.</u>				
Name of person giving information <u>Charles Smith Embert</u>	How related to deceased <u>son</u>				
CAUSES OF DEATH					
Primary	<u>Hepatic cirrhosis</u>				
Immediate	<u>Cardiac exhaustion</u>				
Are the name, age, sex, color, date and place correctly given above?		Yes		How long <u>Two months</u>	
		Signature of Physician <u>Rowland H. Free</u>		How long <u>Twelve hours</u>	
		Address <u>Queenstown, Md.</u>			



Name
in
Full

Willard Gardner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Aug	16	Age	18	
Sex	Male	Color or Race	White	Birth-place	Kent S.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	C. W. Gardner		Father's Birthplace	Kent S.	
Mother's Maiden Name	Myra Benton		Mother's Birthplace	" "	
Name of person giving information	C. W. Gardner		How related to deceased	Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Enteritis - Colitis

How long

2 wks

Immediate

Meningitis & Gastroenteritis

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

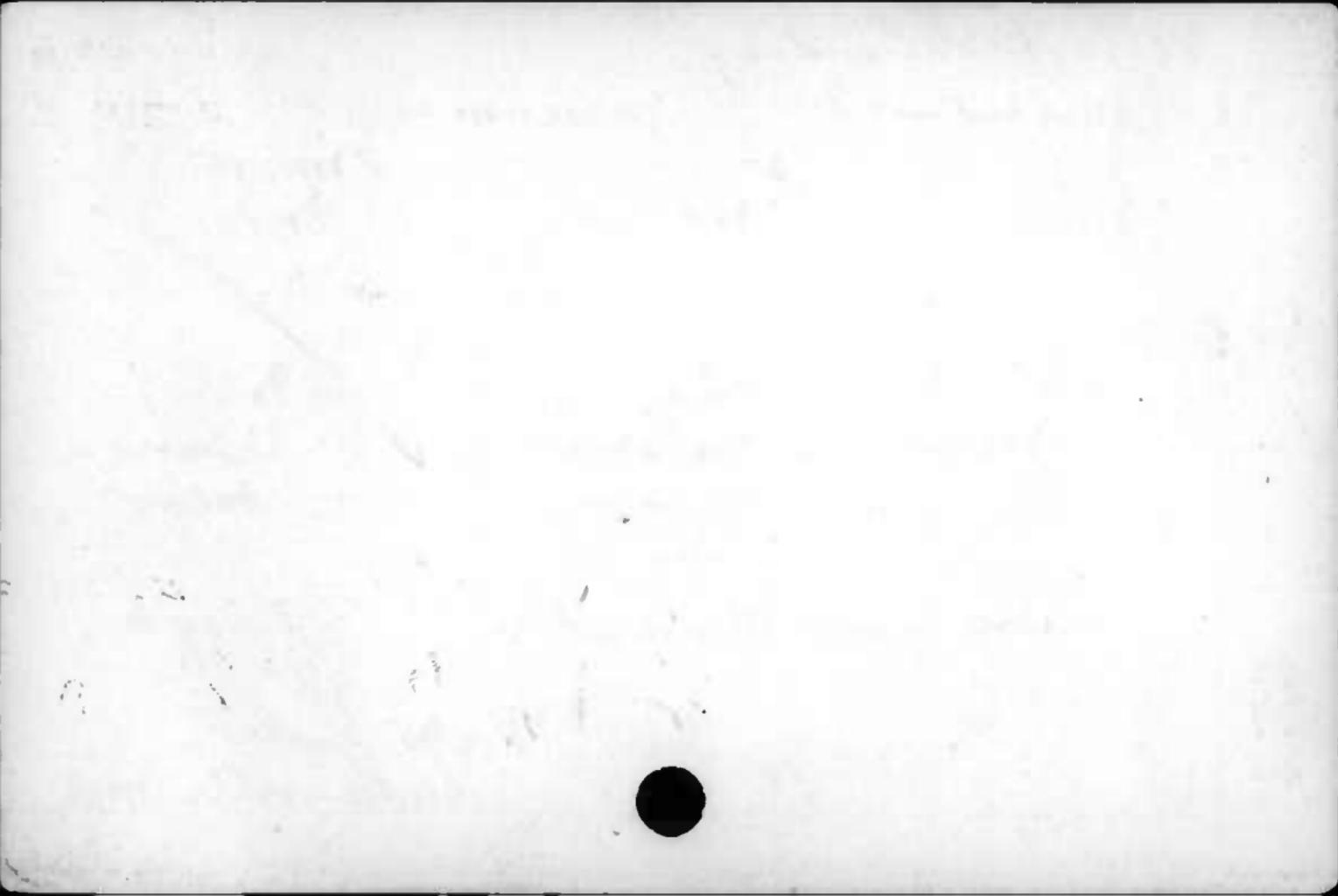
Signature of Physician

Address

Percy Kemp
Hamerville
Md.

Q

Accident or Suicide?



Name
in
Full

Albert Glanding

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>New Sudlersville</u>		County <u>Caroline</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>8</u>	Day <u>5</u>	Years <u>—</u>	Months <u>9 months</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Ind</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widow <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Charlie Glanding</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Minnie Ellingsworth</u>	Mother's Birthplace <u>Delaware</u>				
Name of person giving information <u>Charlie Glanding</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

61

Primary <u>Central Spinal Meningitis</u>	How long <u>3 days</u>
Immediate <u>" " "</u>	How long <u>" "</u>

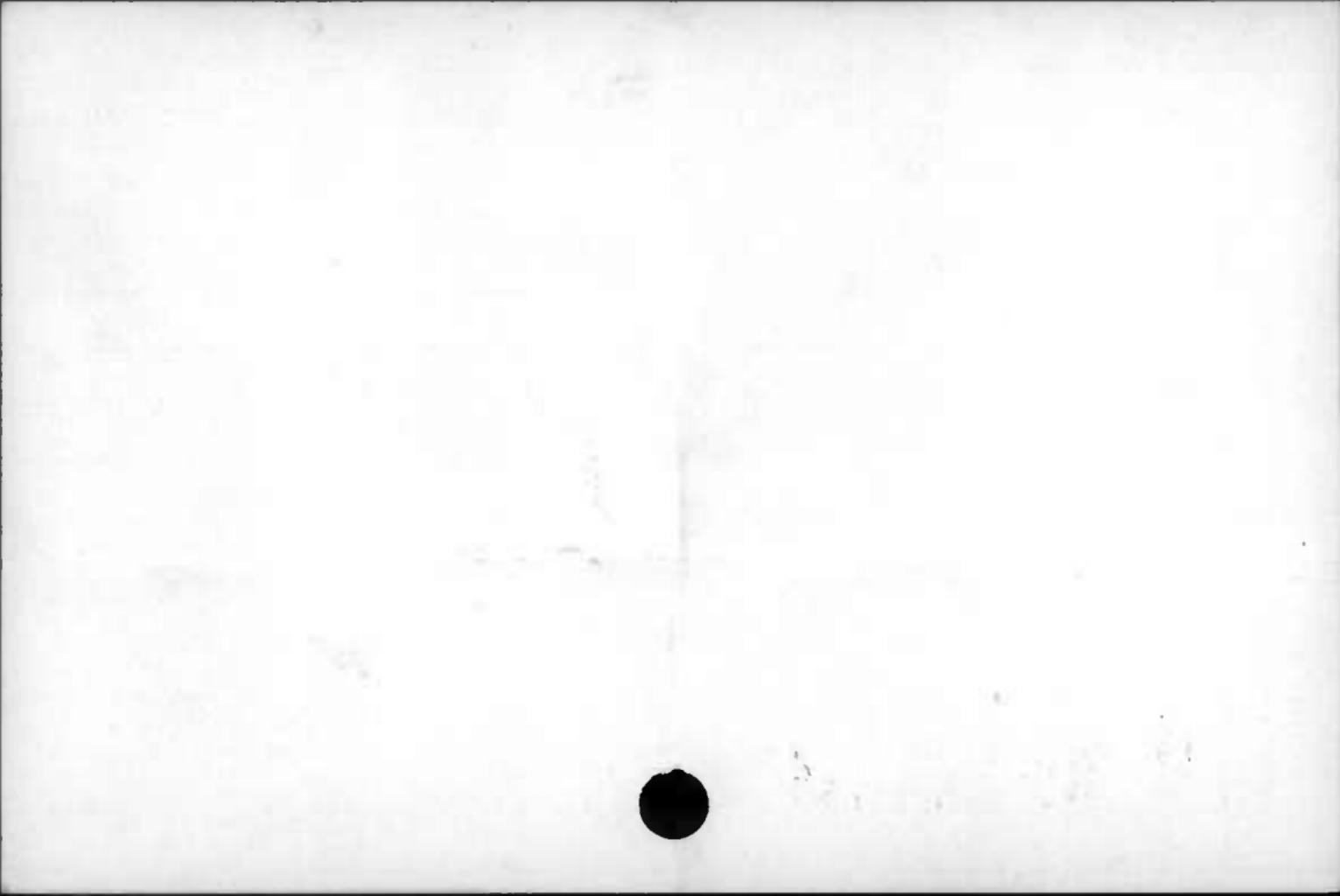
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Firehouse - Sudlersville
Sudlersville Ind*

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

<i>Miss Alfreda Haupt</i>				CERTIFICATE OF DEATH		
Died at <i>Ralph. Wif.</i>		Town <i>Roanoke</i>		County <i>Roanoke Co.</i>		MARYLAND
Date of death 1907	Month <i>Aug.</i>	Day <i>28.</i>	Years <i>26</i>	Age <i>26</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>			Birth- place <i>Unknown</i>	<i>Beth</i>	
Occupation <i>Dress market.</i>	Where Residing if not at place of death <i>1017 Arlington Ave.</i>		<i>1017 Arlington Ave.</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>			Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>	
Mother's Maiden Name <i>Unknown</i>			Mother's Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>	
Name of person giving Information <i>Mrs. Story</i>			How related to deceased <i>None</i>			

CAUSES OF DEATH

Primary

Spasmodic

64

How long

1/2 hour.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes.

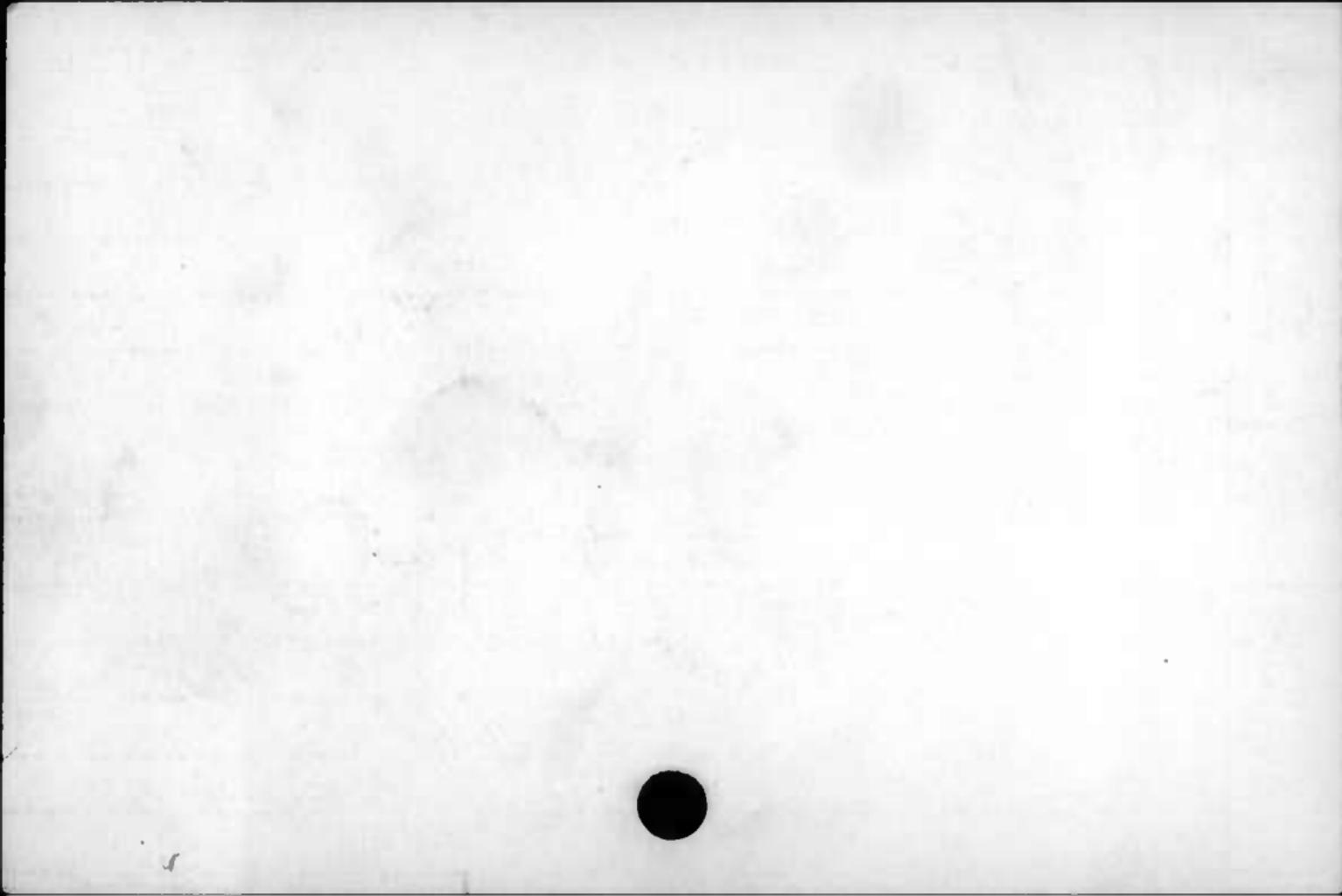
Signature of
Physician

Address

Chestertown Md.

PHYSICIAN
OR CORONER

Accidental Suicide



Name
in
Full

Susan Helen Hines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ridgely RR no 2</u>		Town	County <u>Queen Anne</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>14</u>	Years <u>75</u>	Age <u>75</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Melrose, Md.</u>			
Occupation <u>Mid wife</u>	Where Residing if not at place of death <u>Anthon Hines</u>					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband					
Father's Name <u>Not Known</u>	Father's Birthplace <u>Not Known</u>					
Mother's Maiden Name <u>Not Known</u>	Mother's Birthplace <u>Not Known</u>					
Name of person giving Information <u>H. M. A. J. Jackson</u>	How related to deceased <u>Son in law</u>					

CAUSES OF DEATH

27

How long

Three years

How long

15 minutes

Primary

Pulmonary Tuberculosis

Immediate

Haemorraghe from lung.

Are the name, age, sex, color, date and place correctly given above?

Yes

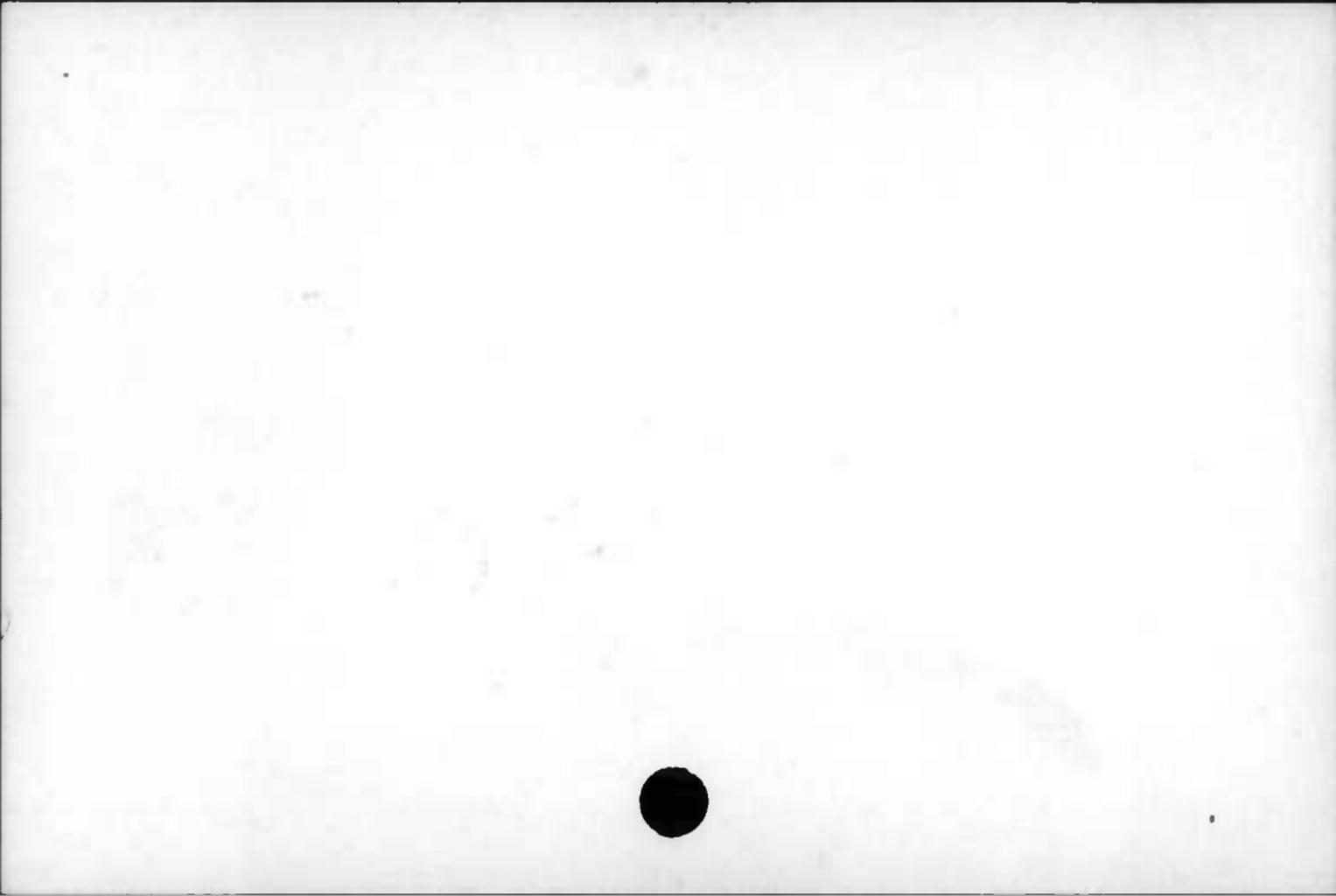
Signature of Physician

Address

Walter H. Hines, Jr.
Centreville, Md.PHYSICIAN
OR CORONER

Q

Accident or Suicide?



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah R. Holmes

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Bardstown

County

L. F.

Date of death

1907

Month

8

Day

16

Years

82

Months

8-

Days

-1d

Sex

Female

Color or Race

White

Birth-place

-1d

Occupation

-adry

Where Residing if not
at place of death

Brigetown -1d

Married, Single
or WidowedName of Wife or
Husband

Sarah R. Holmes

Father's
Birthplace

I do not know

Father's
Name

Joseph Belliter

Mother's
Birthplace

-1d

Mother's
Maiden Name

Mary Robinson

How related
to deceased

Daughter

Name of person giving
Information

Sarah Bunte

CAUSES OF DEATH

61

Primary

Old age

How long

Aint know

Immediate

hiringitis

How long

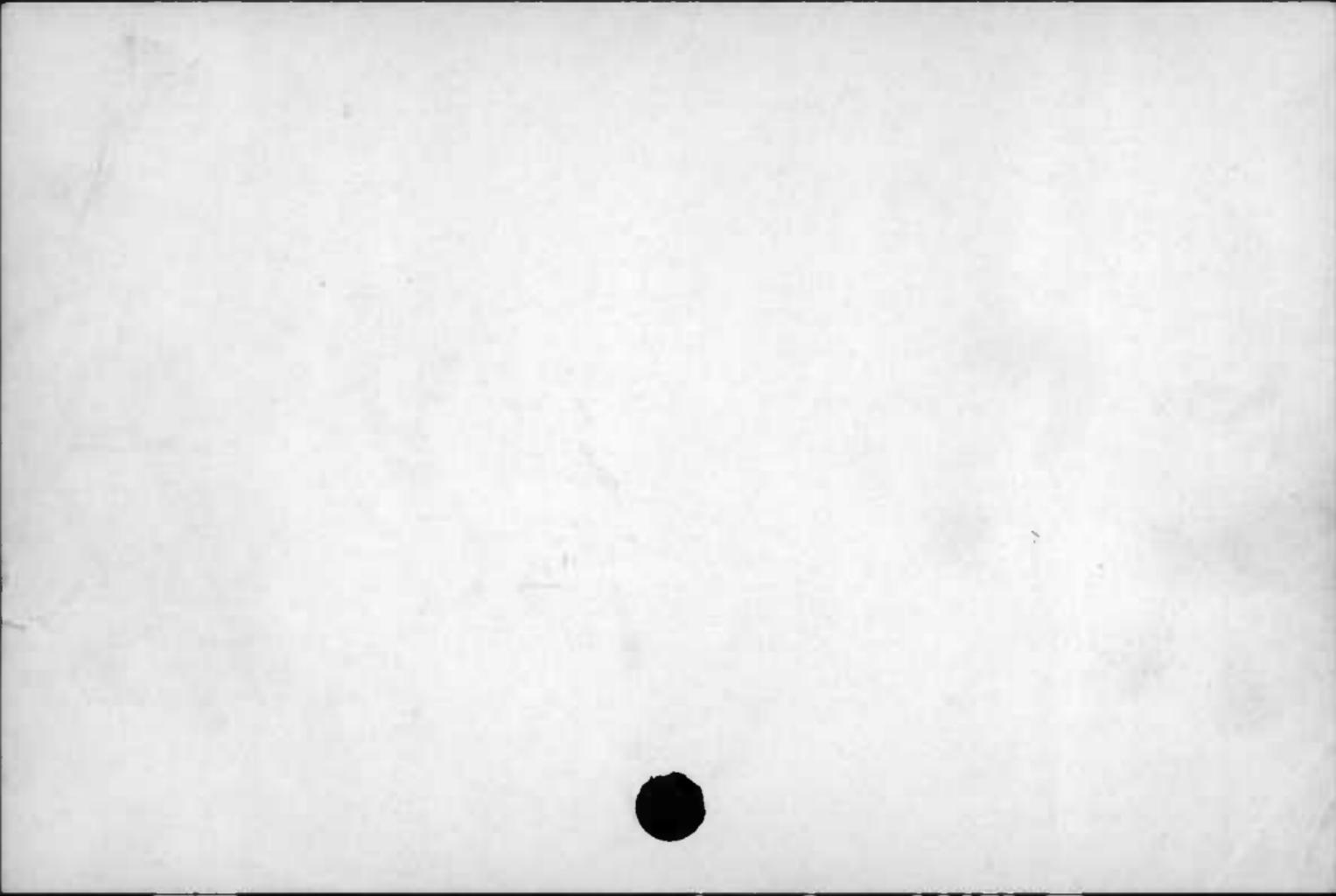
10 days

Are the name,
and place co
, given above?Signature of
Physician

Address

Sarah R. Holmes
Englewood

Accident or Suicide?



Name
In
Full

Rebecca Ann Little

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Ridgely R.R. No. 2		Queen Anne				
Date of death	190	Month Aug	Day 25	Years 29	Months 10	Days
Sex	Female	Color or Race	Colored	Birth-place Wye Mills, Md.		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Lewis Little			
Father's Name	John White					
Mother's Maiden Name	Mittie Flamer					
Name of person giving Information	John Broadway					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastritis

(104)

How long

Two months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Walter H Fenby

Address

Centreville R.R. No. 4

Maryland

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

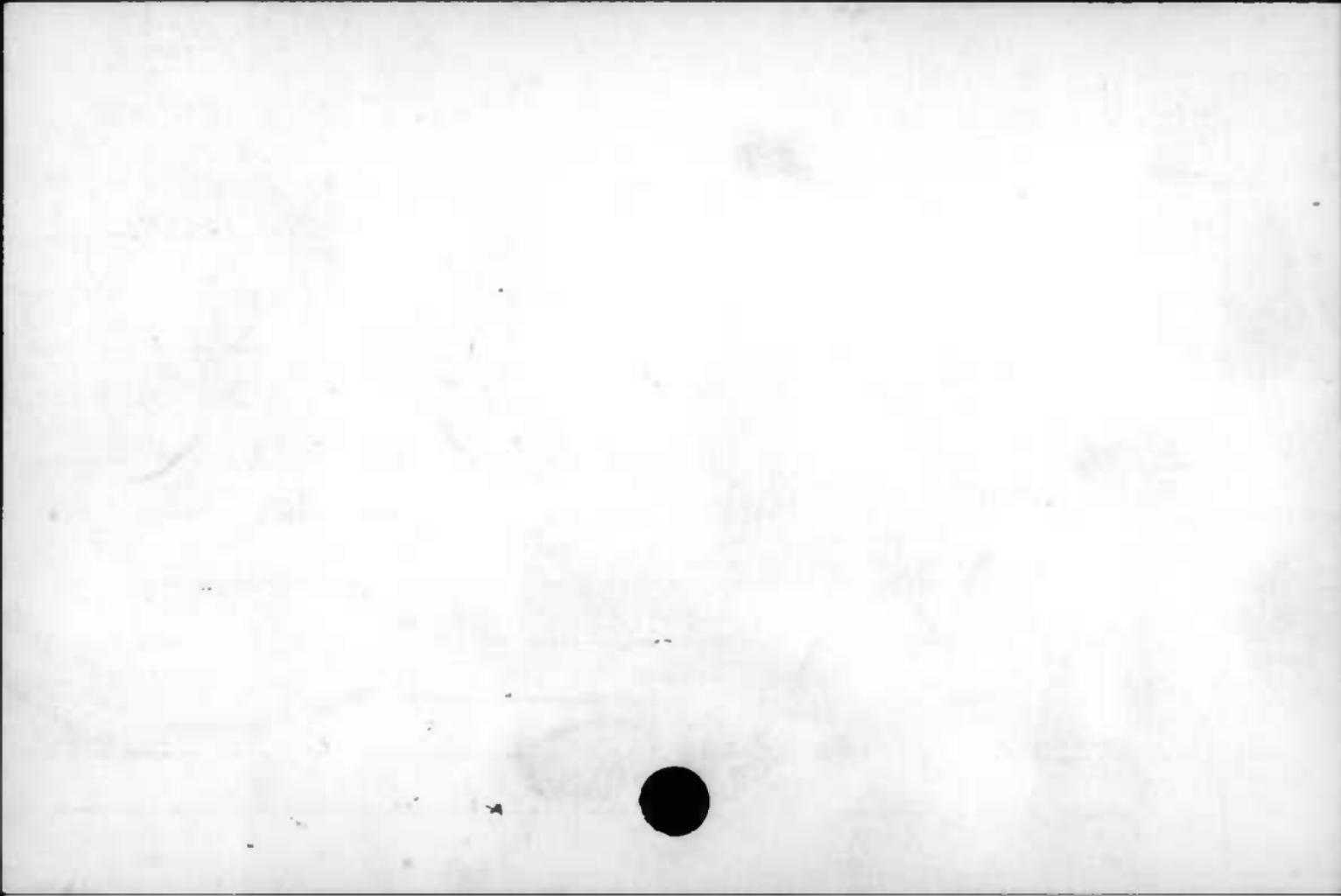
CERTIFICATE OF DEATH

MARYLAND

Died at		Town	Ringold	County		
Date of death	1907 Aug.	Month	14	Day	Years	Months
Sex	Female	Color or Race	Black	Birth-place	Birthplace	
Occupation	at place of death					at place of death
Married, Single or Widowed	Singh	Name of Wife or Husband				
Father's Name	George Ringold					Father's Birthplace
Mother's Maiden Name	Berda Adams					Mother's Birthplace
Name of person giving Information	Anna J. Horner					How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Still-Born	(S)	How long
	Immediate	Still Born	(S)	How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	6 J Smith M.D.
			Address	Centreville
Accident or Suicide?		No		MD



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Spangler

Pond Town

County
Lancaster Co

CERTIFICATE OF DEATH

MARYLAND

Died at

own

Date
of death 1907

Month

Day

Age 7 years

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Occupation

none

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Doved Spangler

Father's
Birthplace

Mother's
Maiden Name

Barbara Thompson

Mother's
Birthplace

Name of person giving
Information

Doved Spangler

How related
to deceased

Father

CAUSES OF DEATH

27

Primary

Pulmonary Tub. Colored

How long

4 wks

Immediate

Exhaustion

How long

1 hour

Are the name, age, sex, color, date
and place correctly given above?

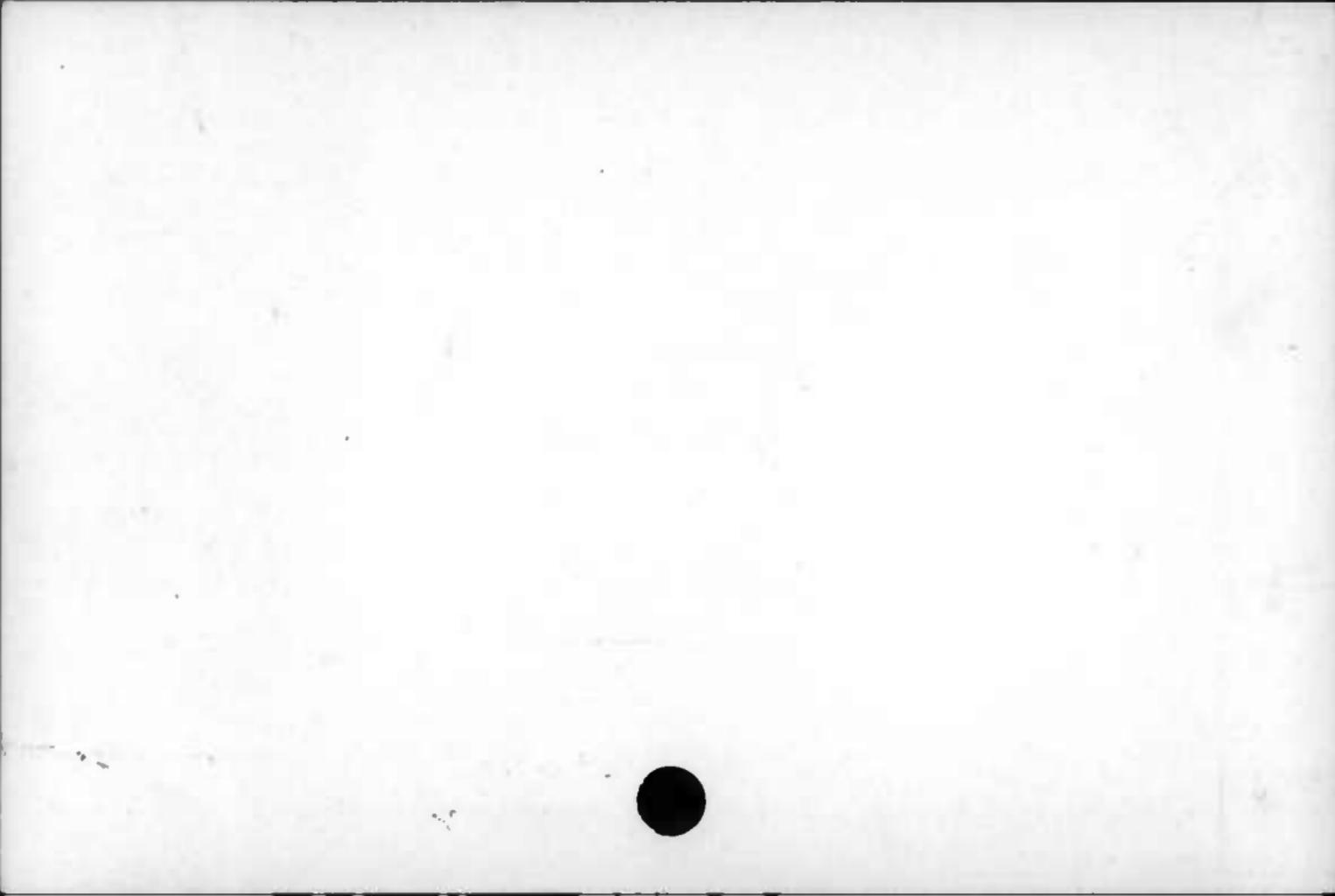
Yes

Signature of
Physician

Address

Dr. J. S. Dudley
Church Hill
Maryland

Accident or Suicide?



Name
in
Full

George Henry Wilson

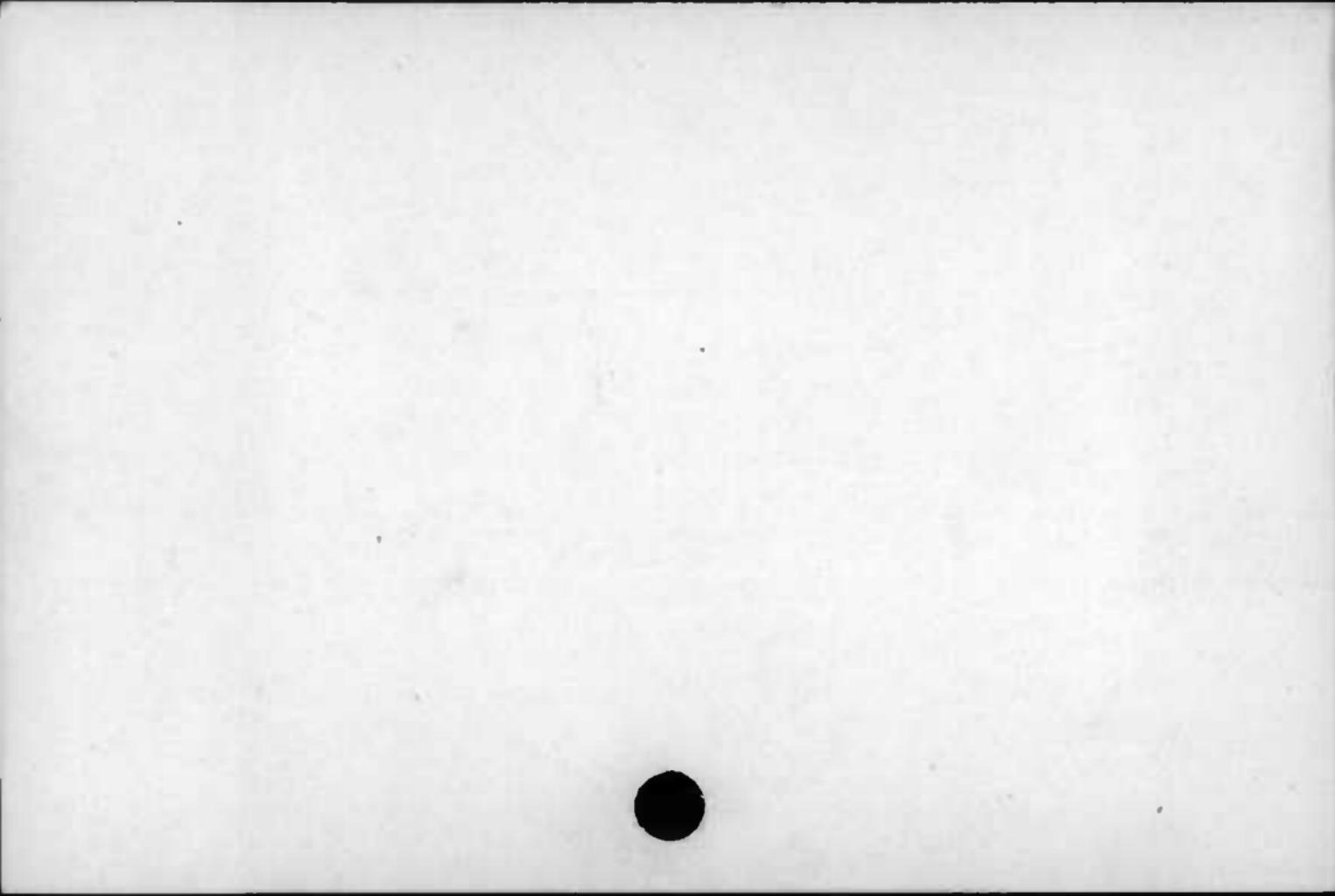
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	
Queen Anne Co. Md.				
Date of death	1907	Month Aug.	Day 6	Years 0
Sex	Male	Color or Race	Colored	
Occupation		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband		
Father's Name		George Wilson		
Mother's Maiden Name		Georgia Anna Brown		
Name of person giving information		George H. Wilson		
Father's Birthplace		D.C. Md.		
Mother's Birthplace		Queen Anne Co., Md.		
How related to deceased		Father		

CAUSES OF DEATH

Primary	Cystitis		123	How long
				1 1/2 months
Immediate	Exhaustion			How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Rowland H. Fred
			Address	Queenstown, Md.
Accident or Suicide?				



Name
in
Full

Rebecca Wise

CERTIFICATE OF DEATH

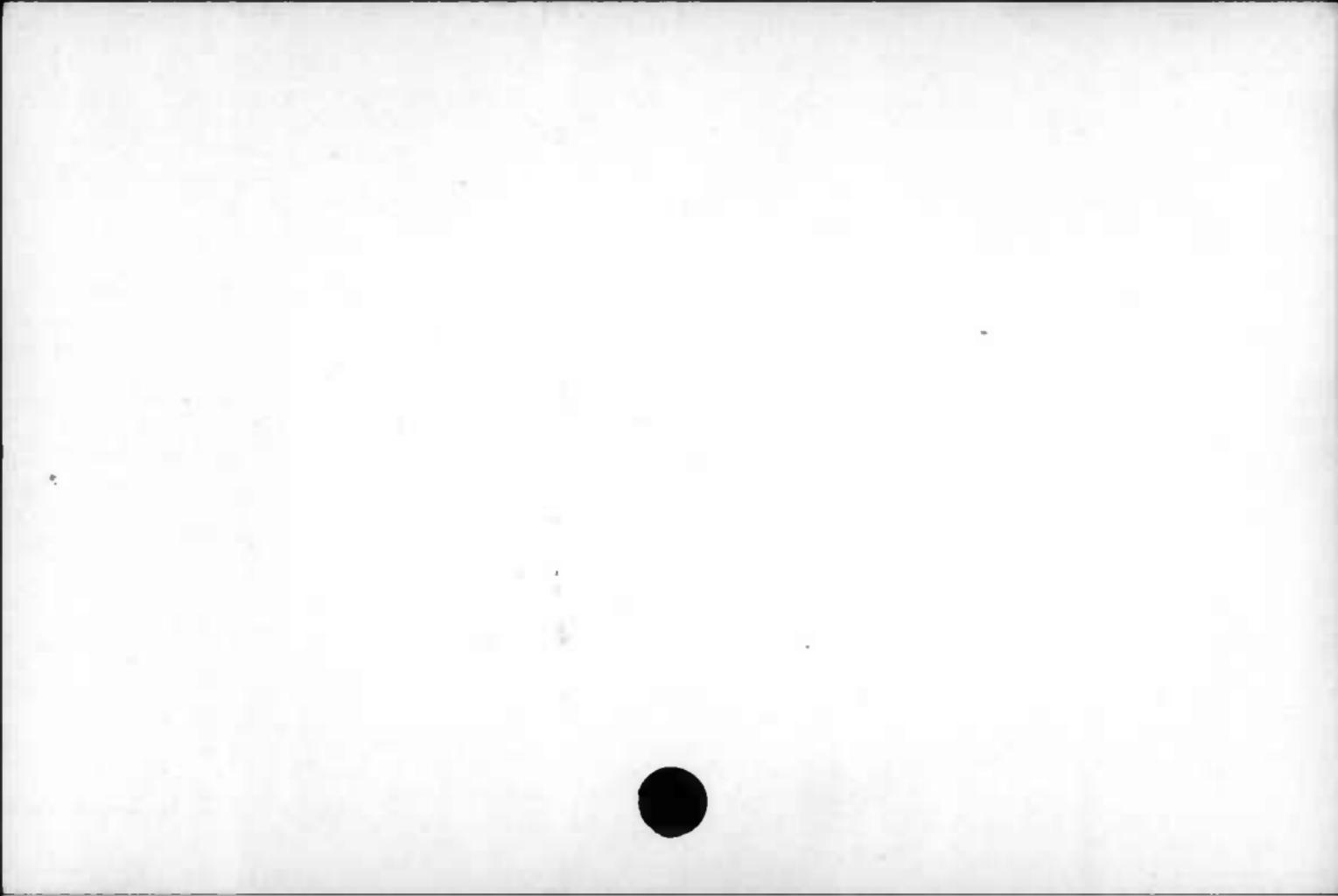
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month 8	Day 3	Years 60	Months	Days
Sex	Female	Color or Race	Black		Birth-place	Queen Anne, Co.
Occupation	Housewife	Where Residing if not at place of death			at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Edward Wise			
Father's Name	David, Ashley				Father's Birthplace	Unknown
Mother's Maiden Name	Unknown				Mother's Birthplace	Maryland
Name of person giving Information	Edward Wise				How related to deceased	Husband

CAUSES OF DEATH

10

Primary	Result of Grippe		How long	Six months
Immediate	Natural causes		How long	Ten days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	B.F. Hartley, Sub Reg,
			Address	Cumpton
Accident or Suicide?		No		Md



Name
in
Full

Mary Anna Wright

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Centreville RR no 1 Queen Anne					County		MARYLAND	
Date of death 1907	Month Aug	Day 17	Years 3		Months 7		Days	
Sex Female	Color or Race Colored			Birth-place Centreville RR no 1 Maryland				
Occupation None	Where Residing if not at place of death							
Married, Single or Widowed Single	Name of Wife or Husband							
Father's Name not known	Father's Birthplace not known							
Mother's Maiden Name Mary Lizzie Wright	Mother's Birthplace Queen Anne Co Maryland							
Name of person giving Information Walter King	How related to deceased Step Father							

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Malaria Fever	(4)	How long 3 week
	Immediate Bronchial Pneumonia		How long 2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Walter S. Embry M. D.	
		Address Centreville RR no 1	
Accident or Suicide? No			

